

ARTICHOKE MEDICAL REPORT

A

by

[REDACTED]

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Case No 1

1. Subject is [REDACTED] thoroughly examined since March. He was tried completely [REDACTED] and the interrogator on 25 August. Subject was first examined at two o'clock on the afternoon of 26 August. He appeared tense, apprehensive, nervous freely, and gave further evidence of tension in that his blood pressure was elevated. As a preliminary step, the [REDACTED] medical consultant performed a physical examination which revealed no evidence of abnormality. Subject was cooperative during this procedure but displayed increasing evidence of tension. The examination was conducted through the interrogator acting as interpreter. There were no problems during this part of the examination. The details of the material listed or already discussed will not be repeated.

2. It was my impression during the entire first examination that Subject was very guarded but not particularly evasive. He responded readily to questions without hesitation and became emotional on only one occasion, which was in regard to thoughts about [REDACTED]. He was able to discuss [REDACTED] without much evidence of emotion. He kept himself well in hand, and in his first examination there were very few, if any contradictions which I could detect. It should be noted, however, that it was very difficult to get him to discuss anything pertaining to himself. He discussed freely his family and asked if he wanted to discuss [REDACTED]. At the slightest provocation, he would burst into political and ideological tirades, but in regard to personal matters he was very guarded and less verbose. The interview was terminated after three hours.

3. The next morning, 27 August, at approximately nine o'clock the interview was resumed. More personal matters were elicited during this interview, none of which seemed to be particularly pertinent. His biological knowledge was discussed and found to be very scanty. His classification, for example, of living beings was quite hazy, but I don't believe that this has any great significance because he was [REDACTED] and he himself had had no biological training but had been merely told that he should teach the subject and was teaching from a textbook.

4. He mentioned "scholastics" on one occasion, but it developed that he had no knowledge of scholasticism except that he had heard about the stupidity of scholastic philosophers while taking a course in the history of education. His concept of God and religion was discussed. He stated that on one occasion he had been asked to study [REDACTED] but his knowledge in this area is also very sketchy and insufficient. It is of interest to note that he has no knowledge

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3. The next morning, 27 August, at approximately nine o'clock the interview was resumed. More personal matters were elicited during this interview, none of which seemed to be particularly pertinent. His biological knowledge was discussed and found to be very scanty. His classification, for example, of living beings was quite inadequate, but I don't believe that this has any great significance because he was [redacted] and he himself had had no biological training but had been merely told that he could teach the subject and was teaching from a textbook.

4. He mentioned "scholastics" on one occasion, but it developed that he had no knowledge of scholasticism except that he had heard about the stupidity of scholastic philosophers while taking a course in the history of education. His concept of God and religion was discussed. He stated that on one occasion he had been asked to study [redacted] but his knowledge in this area is also very sketchy and insufficient. It is of interest to note that he has no knowledge [redacted]

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of [REDACTED] and that he completely rejects, on the basis of some scholastic authority the source of which is not clear, the [REDACTED]. He studied psychology during a course [REDACTED] but was taught no theory of behavior and was given a classification of personalities which dates back at least a hundred years.

5. In the area in which we explored, he seemed to have no specialized knowledge. This is in conformity with his statement that [REDACTED]. The examination was terminated at twelve o'clock with the statement to the patient that it would be necessary to make some more psychological tests before we could conclude this part of the examination. He expressed willingness to cooperate and the relationship during the entire morning was considered good.

6. At 2:15 p.m. Subject was told that we had noted/a number of occasions that his blood pressure was elevated and that before continuing the examination, we desired to have him more relaxed, even if it were necessary to give him some medicine to bring about such relaxation. He was asked to recline on the bed. His initial blood pressure was 160/95. After ten minutes of conversation, his blood pressure dropped to 160/90, but his pulse which was originally 120 was still the same. He was told, therefore, that we would have to draw some blood in a effort to lower his pressure. He accepted this readily and stated that "he would be willing to give all five liters of his blood" if the Americans asked him to. The [REDACTED] G medical consultant used a 20-gauge needle to enter his left antecubital vein and made an initial injection of 3cc of 2 percent solution. Almost immediately Subject commented upon a feeling of relaxation which increased with the injection of 2cc more of the solution, shortly after which, he complained of light-headedness and a feeling of drowsiness. The injection was continued slowly at the rate of about 1cc per minute, until 20cc of the solution had been given, at which time subject was sound asleep. Through the same needle, he was given 2cc of the second solution. There was no immediate response to this.

7. According to the previously adopted plan, the interrogator was supposed to induce the phantasy that he was [REDACTED] B/3 case officer. This attempt was made as Subject gradually returned to a responsive state. At this point, we have somewhat of a difference of opinion. It is my feeling, on the basis of the interrelation which I was receiving, that the interrogator succeeded in some measure in this effort. The interrogator, however, feels that Subject identified him as himself almost immediately. However, the conversation as it proceeded impressed me as one which would not have been appreciated if Subject were certain of his interrogator. For approximately thirty minutes, Subject was in a good state of detachment, and it is my

belief that he had very little control during this period. After thirty minutes, his control gradually returned to the extent that he recognized a fourth party in the room, whereas before there had been only three.

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8. Before complete recovery, he was given another injection of the first solution over a period of five minutes, consisting of 15cc. He had another good initial response and this time the interrogator imitated a friend [redacted]. This response was exceptionally good and was associated with a good initial response of hatred to his interrogator. This response remained very good for approximately thirty-five minutes. During this session also, the interrogator thought that he had been recognized as himself, but this was proved erroneous by further developments and the interrogator himself recognizes that the man was living actively in his fantasy. Everything which was said was appropriate to the circumstances. The content is on the recordings of the interview.

9. After forty-five minutes, he again began to control himself well, and he was given an intra-muscular injection of 1cc of the second solution followed in ten minutes by 1cc of the first solution. His response was again good and the interrogation proceeded with direct interrogation. It was considered that during the first thirty minutes of this session, Subject had little control. His final blood pressure was 130/80.

10. It is my overall impression that from a technical standpoint, it was a satisfactory interview. For approximately thirty minutes at the beginning of each of the three segments of the procedure, there was good detachment from reality and loss of control. There are two things, however, that need clearing up, neither one of which is probably very important. At one time Subject stated enthusiastically that he would like to [redacted] to the best of our knowledge, he is not [redacted]. The second point is that he given a number of [redacted]. Otherwise, as I understand from the interrogator, the story checks "albeit too perfectly." It is my own impression, based on the total examination, that in the areas which were covered, Subject was telling the truth.

11. At a final interview on 26 August, conducted with the same case officer, Subject complained of a headache and related a rather involved dream in which he was in [redacted] having the feeling that he had recently come there from [redacted]. He was looking at the train schedule to try to find the town of [redacted]. He had difficulty in finding this last. Finally did locate it at the end of the list rather than where it should have been. While he was standing looking at the sign, one of his former case officers

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appeared. While he was trying to make up his mind whether he should
pass him out, the case officer appeared to become extremely small
and then rose to rather dramatic proportions. He proceeded, however,
to berate him subsequently. While this was going on, another case
officer replaced the first and then he switched. One point in regard
to the whole dream that should be mentioned is that he felt a very
superior attitude toward all the [redacted] who were walking around the
station. In reference to the interpretation, he mentioned the [redacted]
indicated the time of his life when he was happy, that he had spent
a good deal of his life [redacted] and that the case officer who
grew small and then large produced the association of an experience
of the previous afternoon when he thought he saw a fourth person in
the room who was very tall and dark in appearance. No real attempt
was made to test his amnesia for the events of the preceding day.
but one has the impression that he has mixed feelings in regard to
it with confusion in his own mind as to how real any part was.

12. He was reassured that our tests were finished, that we
were convinced that he had told the truth, and that we would recommend
to higher authorities that he be given greater privileges.

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1. Subject is a [REDACTED] He appeared to be cooperative and on the first meeting, which was held on 29 August from two o'clock until five o'clock, his life history was discussed. Since his history has been previously recorded, no comments will be made about this. His speech was free, unguarded, and frank. He very definitely gives the impression of an individual who, while somewhat resentful of authority, is quite acquiescent to it. He is a dependent individual and, although having a fair education, he has no great insight and tends to parrot much of his learning.

2. He was treated on the morning of 30 August, starting at 10:30. His blood pressure was 130/80. A complete physical examination had been done the day before which was entirely normal. He was given 20cc of the first solution and went soundly to sleep. After completing the arrangements in the room, he was awakened and an attempt was made to induce a phantasy of a friend talking to him upon his return. [REDACTED] This was unsuccessful. He immediately integrated himself and was quite aware of his surroundings. Being obvious that this attempt was unsuccessful, he was slowly given 15cc more of the first solution, followed by 1cc of the second solution. An attempt to induce a phantasy was still unsuccessful. He drifted into ideological discussions along with a good deal of self-condemnatory conversation. Although he was influenced by the injections and was more verbose and more frank, this was not considered a very satisfactory phase.

3. About 11:15, the injection of the 20cc of the first solution was started and, in an effort to overcome the difficulties encountered in the first two phases of the examination, this was given continuously instead of intermittently. With this type of injection, a rather satisfactory comatose state for interrogation was obtained. The case officer then proceeded with a regular interrogation. At the termination of the interrogation, he was given 1cc of the first solution. Until the interview was terminated, he continued to speak freely and frankly and was much less guarded than he had been before. The last forty-five minutes of this phase was considered satisfactory.

4. In summary, Subject seemed to be a depressed, emotionally unstable, somewhat idealistic [REDACTED] who has made one suicidal attempt of serious proportions and who may well make another. He believes that he is mistrusted, although he appears to be superficially pleasant and happy. There is a good deal of depressive material close to the surface. He does not have an opinion for the procedure, but he knows nothing about it except that he was told some blood would be drawn. He readily recognizes by the effects that he was given something

in addition to the drawing of blood, but he does not know how many solutions were used or of what nature. He asked if a narcotic had been given and he was told that it was merely a weak solution used in psychological testing. He questioned my identity as a physician a number of times although he accepted the [REDACTED] as a genuine physician. His final conclusions seemed to be that I was some sort of psychologist. It is my opinion, after the total examination, that Subject is probably telling the truth. G

5. I seriously question his value for operational purposes. His dependency makes him grasp for the nearest authoritative source on which he can lean. His doing this at the present time with us indicates that he is just as likely to do so if he returns to his home country. This does not indicate that he is not telling the truth now, but that he would probably also tell the truth upon his return. We consider his operational potential nil, except perhaps to return to his homeland with a good deal of pseudo information.

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1. Examination was conducted on 31 August 1954 in the same location as Cases No. 1 and 2. The examination started at 10:30 a.m., was interrupted for lunch at 1:00, was resumed at 2:00, and the treatment started at 3:35. In the initial examination, the pertinent factors in the case were reviewed. These are recorded elsewhere and will not be repeated. It was decided to attempt to induce a phantasy of a meeting between Subject and [redacted]. The induction was started at 3:35 and Subject was given [redacted] of the first solution, at which time a substitution was made in interrogators and in place of [redacted] who had previously conducted the examination, [redacted] speaking interrogator, [redacted] took his place. As Subject aroused, [redacted] started a discussion in [redacted]. The phantasy was rapidly and vividly induced, Subject clinging to his old friend and attempting to find out his present address and what he had been doing since [redacted] which was the last contact Subject had had with him. In order to be certain that the situation was kept under control, Subject was given a continuous injection, receiving over the next hour 25cc of the first solution (a total of 40cc). After all pertinent information had been obtained, sleep was induced to break off the phantasy. This was done with difficulty, however, because when Subject aroused, he insisted that [redacted] had been present. As he was more completely aroused, he recognized the impossibility of this and began to joke about the fact that he had dreamed so vividly. When he did arouse, the situation had been returned to normal and [redacted] had taken the place which he occupied at the beginning. A

2. None of Solution No. 2 was given because Subject's history reveals susceptibility to [redacted] which he has had for about two years. In view of his negative physical examination, it was decided safe to proceed with the treatment. His physical condition at the end of the procedure was good. Except for a slight feeling of being drunk, he was fully aroused and talking clearly.

3. This treatment was highly successful from a strictly professional viewpoint. The phantasy was vivid and quickly induced. It was maintained as long as the interrogator desired and had to be terminated by induction of sleep.

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A continued to insist that [redacted] had been with him in the room and must be somewhere near about. The subject then insisted to [redacted] that he had tricked him and that he wanted [redacted] returned to the [redacted] finally the subject, although still confused, accepted the [redacted] opinion that he had dreamed vividly and asked him to [redacted] by his [redacted]

A [redacted] The case was concluded at about 5:30 P.M. after [redacted] and [redacted] had checked subject's condition and found it satisfactory. (Medical report indicates previous heart condition.)

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B/3 8. On Wednesday, 1 September 1974, a general conference was held with [redacted] All case officers involved and the AFFICORE team present. The case of [redacted] was discussed and results termed as highly satisfactory and important. The AFFICORE Team, based on the observed results of the treatment and on the professional opinions of [redacted] and [redacted] interposed no objections to operational use of subject or returning him [redacted] In addition, general matters involving all cases were discussed and results were reviewed.

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G 9. It should be noted here that all of the above cases were handled under straight drug techniques--hypnosis or narco-hypnosis was not utilized. This was agreed upon for two basic reasons: a) [redacted] b) [redacted] were [redacted] pressed for time and b) there were no [redacted] case officers available or present at [redacted] who were in any way grounded in hypnosis.

F 10. At the conclusion of the work at [redacted] the AFFICORE team returned to [redacted] At the request of officers there to examine the possibility of the use of the AFFICORE techniques in connection with two subjects. After a careful examination of all details available in these cases, AFFICORE treatment was denied on both medical and security grounds. Thereafter on Saturday, 4 September, after studying the above cases on Thursday and Friday, the AFFICORE Team left the area.

CONCLUSIONS

1. In the opinion of the AFFICORE team members, the effort was profitable and generally successful. As has been stated before, absolute predictions as to outcome of cases cannot be made in advance. Certainly amnesias cannot be guaranteed. However, it is still felt that the AFFICORE techniques are a valuable support weapon and should with more casework and more research become increasingly efficient and certain.

SPECIAL COMMENTS

1. The AFFICORE Team greatly appreciates the opportunities for handling actual casework. This is the only positive test of research and study.